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VARIABLES ASSOCIATED WITH THE LIKELIHOOD OF
ADOPTING A POLICY OF HIRING NONSMOKERS ONLY AMONG
NONPROFIT ORGANIZATIONS IN OMAHA, NEBRASKA

A Thesis

Presented to the

School of Health, Physical Education, and Recreation

and the

Faculty of the Graduate College

University of Nebraska

In Partial Fulfillment

of the Requirements for the Degree

Health, Physical Education, and Recreation

With a Concentration in Fitness and Wellness Management

University of Nebraska at Omaha

By

Jillian M. Golden

November, 2003

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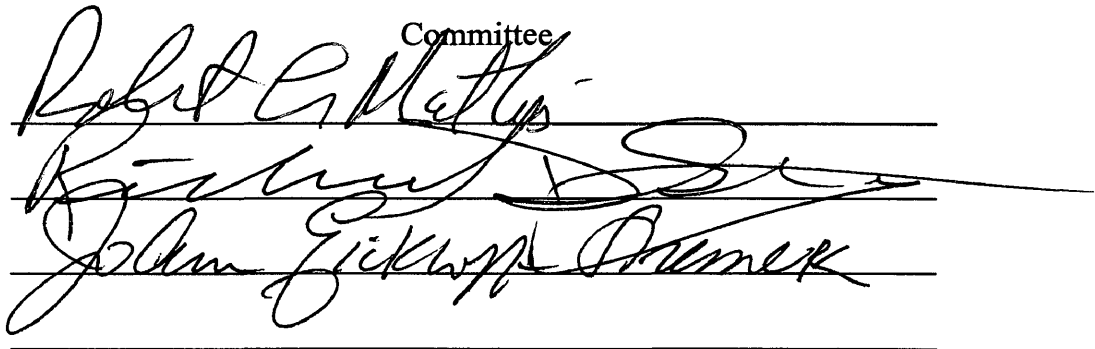


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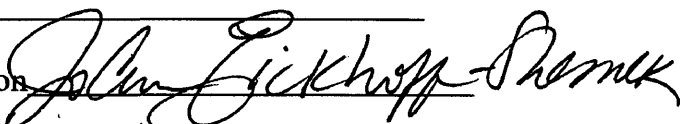
THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College,
University of Nebraska, partial fulfillment of the
Requirements for the Master's Degree in
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With a Concentration in
Fitness and Wellness Management

Committee


The committee section contains three handwritten signatures on lined paper. The first signature is 'Robert C. Matthes'. The second signature is 'K. L. ...'. The third signature is 'John Lickhoff-Damer'. There are additional blank lines below the signatures.

Chairperson


The chairperson section contains a handwritten signature 'John Lickhoff-Damer' on a line.

Date

November 14, 2003

VARIABLES ASSOCIATED WITH THE DEGREE OF LIKELIHOOD OF
ADOPTING A POLICY OF HIRING NONSMOKERS ONLY AMONG
NONPROFIT ORGANIZATIONS IN OMAHA, NEBRASKA

Jillian M. Golden, M.S.

University of Nebraska, 2003

Advisor: Dr. JoAnn Eickhoff-Shemek

To address the costs associated with employees who smoke, some organizations have adopted a policy of hiring nonsmokers only or may be considering such a policy. The purpose of this study was to explore the possible relationship between the degree of likelihood of adopting a policy of hiring nonsmokers only and four variables (type of service, number of employees, size of yearly budget, and the level of smoking policy).

A written, mail-out/mail-back survey was sent to 130 nonprofit organizations in Omaha, Nebraska. Of the 130 participants in this study, 97 (75 percent) returned the survey. Descriptive statistics were calculated for all items on the survey. The hypotheses were tested using a chi square analysis and Spearman rho analyses. The alpha level was set at 0.05.

No significant relationships occurred between the degree of likelihood of adopting a policy of hiring nonsmokers only and the four variables. Four percent of the organizations represented in this study had a policy of hiring nonsmokers only and seventy-three percent of the respondents indicated that it would be “not likely” or “definitely not likely” for their organization to adopt such a policy.

Possible explanations as to why most respondents indicated that it would be “not likely” or “definitely not likely” were: (a) lack of awareness about the law and the economic benefits of adopting such a policy, (b) adoption of such a policy would interfere with finding qualified employees, (c) organizations represented in this study had a small number of employees who smoked, and (d) issues that could arise from privacy and enforcement issues. The data from this study suggest that there may not be a desire or interest to adopt a policy of hiring nonsmokers only. Other options, such as providing resources and organizational support for smoking cessation programs, may be more viable for employers to consider.

Future research could consider characteristics of organizations that already have the policy in place, which option or combination of options may be the most effective in addressing the costs associated with employees who smoke, and other variables that may be more influential in predicting the likelihood of adopting a policy of hiring nonsmokers only.

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Chapter 1

Introduction

Background of the Study

Tobacco use in the U.S. is the cause of approximately 440,000 deaths annually and is the leading preventable cause of death. Smoking can result in death due to cardiovascular diseases such as hypertension, heart disease, and stroke. Smoking can also result in death due to cancers such as lung cancer, respiratory diseases such as pneumonia and bronchitis, and other deaths including diseases among infants and burn deaths (American Cancer Society, 2003). The Centers for Disease Control and Prevention (CDC) estimated that due to smoking, the cost of medical care and lost productivity added up to approximately \$157 billion each year ("Annual smoking-attributable," 2002). The Morbidity and Mortality Weekly Report (MMWR) stated that in 1999, the adult prevalence of cigarette smoking had a median of 22.7 percent. Nebraska was slightly higher at 23.3 percent ("State-specific," 2000).

Cigarette smoking also has detrimental effects to those exposed to environmental tobacco smoke (ETS) (Sofian, McAfee, Doctor, & Carson, 1994). Nonsmokers suffer many of the diseases of primary smoking when breathing ETS. Research has shown that nearly nine out of ten nonsmoking Americans are exposed to ETS (Pirkle, Flegal, Bernert, Brody, Etzel, & Maurer, 1996). In 1991, the National Institute of Occupational Safety and Health recommended that companies take all possible preventive measures to minimize occupational exposure to ETS (U.S. Department of Health and Human Services, n.d.). Healthy People 2010 Objective 27-10 is to reduce the number of

nonsmokers exposed to ETS to 45 percent (down from 65 percent at baseline). Lesmes and Donofrio (1992) calculated that passive smoking cost employers \$8.6 billion annually.

Overwhelming research on the health effects of ETS as well as the costs imposed on employers have led workplaces to establish policies that limit cigarette smoke exposure to employees. Healthy People 2010 Objective 27-12 is for 100 percent of worksites to adopt formal smoking policies prohibiting smoking or limiting smoking to separately ventilated areas (up from 79 percent at baseline). The MMWR published an in-depth study of smoking policies in 17 states and in Washington DC. The research investigated the protection provided by official workplace nonsmoking policies. Respondents were asked which of three options best described smoking policies at their workplace: (a) not allowed in any work (or public/common) areas, (b) allowed in some work (or public/common) areas, or (c) allowed in all work (or public/common) areas. The results, based on respondents who reported working indoors, showed that 74.4 percent of respondents reported working in a smoke-free workplace (“State-specific,” 2000). However, other studies have shown lower percentages of worksites that have smoke-free policies (Gerlach, Shopland, Hartman, Gibson, & Pechacek, 1997).

Some companies are considering an option that goes beyond a strict policy of not allowing smoking in any work or public/common areas. This option is to adopt a policy of hiring nonsmokers only. There are potential legal considerations when contemplating such a policy. For example, although smokers are not considered a protected class under EEO regulations, smokers, on average, tend to be less educated, older, and members of

minority groups. A hiring policy that does not include smokers may have an unequal impact on protected class groups ("Disability," 1999).

Another potential legal issue is that employees who smoke may consider their nicotine addiction to be a disability. However, courts have found that smoking is not considered a physical disability under the Americans with Disabilities Act (Kirshman, n.d.).

There are 28 states and the District of Colombia that have enacted statutes specifically to protect the employees' legal non-work conduct. In these states, employers may not control the private conduct of employees or prospective employees (Simon & Noonan, 1994/95). Thus, employers in the remaining 22 states can choose to hire nonsmokers only, provided the applicants are adequately informed when accepting the job.

Though it is legally possible for employers in these states to adopt a policy of hiring nonsmokers only, what is the likelihood of them doing so? This study determined the level of likelihood (very likely, likely, equally likely and unlikely, unlikely, very unlikely) of adopting a policy of hiring nonsmokers only among nonprofit organizations in Omaha, Nebraska.

There is a sound rationale for adopting a policy of hiring nonsmokers only. Smoking affects financial outcomes for employers in many ways including: medical/health care costs, absenteeism, productivity, and workers' comp. Other additional costs to employers may include accidents and fires, property damage, and smoke pollution.

A review of literature done by Max (2001) focuses on several key studies that estimate the cost of smoking to employers. The review indicated that six to 14 percent of personal health care expenditures can be attributed to smoking. The research indicates that employees who smoke are more costly to their employers than those who do not smoke.

Purpose of the Study

Several variables may be associated with a degree of likelihood of adopting a policy of hiring nonsmokers only such as the (a) type of services provided, (b) number of employees, (c) size of the yearly budget, and (d) level of smoking policy. The purpose of this study was to explore the possible relationship between each of these four variables and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska. Designated individuals representing these organizations were mailed a survey instrument that was utilized to gather the necessary data needed for this study.

Research Hypotheses

1. There will be a significant relationship between the type of service provided and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska.
2. There will be a significant negative relationship between the number of employees in the organization and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska.

3. There will be a significant negative relationship between the size of the yearly budget of the organization and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska.
4. There will be a significant positive relationship between the level of smoking policy and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska.

Significance of Study

Employee tobacco use poses a significant cost to employers in the United States. With ever-increasing health care costs, organizations are becoming more and more intolerant of smoking and the costs associated with having employees who smoke. A question that is arising more often is, "Can we adopt a policy of hiring nonsmokers only?" As organizations move toward stricter smoking policies, adopting a policy of hiring nonsmokers only is the logical next step from a cost standpoint when companies look to restrict this behavior even more. It is not known how many employers have policies of hiring nonsmokers only, nor what differentiates those that do use this practice and those who do not. This research will provide a service to those employers who are considering adopting this type of hiring policy, and is the first study to investigate the variables associated with the degree of likelihood of adopting a policy of hiring nonsmokers only.

Chapter 2

Review of Literature

Introduction

This chapter is divided into the following subheadings: (a) The rationale for smoking policies, (b) Smoking policy categories, (c) Other variables that may be associated with hiring nonsmokers only, (d) Policy of hiring nonsmokers only, and (e) The rationale for hiring nonsmokers only.

The Rationale for Smoking Policies

Smoking prevalence rates.

Smoking is recognized as a nationally reportable disease, not solely a leading risk factor for other diseases. In June of 1996, the Council of State and Territorial Epidemiologists unanimously voted to add cigarette smoking prevalence to the list of conditions reportable by states to the Centers of Disease Control and Prevention (CDC). This incident marked the first time a behavior has been considered a nationally reportable disease. Traditionally, conventional disease outcomes, primarily acute infections diseases, have been reportable by states to the CDC. The action of adding cigarette smoking prevalence as a nationally reportable condition emphasizes the role of tobacco use as the leading preventable cause of death in the United States (“Addition of,” 1996).

The CDC reported that in 2000, approximately 23.3 percent of adults were current smokers. Data for 2001 suggest a decline in smoking adults to 22.8 percent (“Cigarette Smoking,” 2002). The results of The National Health Interview Surveys showed that among the current cigarette smokers in the year 2000, 46.3 percent reported smoking less

than 15 cigarettes per day, 38.4 percent smoked 15-24 cigarettes per day, and 15.3 percent smoked greater than 25 cigarettes per day (“Percent Distribution,” n.d.).

According to the Morbidity and Mortality Weekly Report (MMWR), the adult prevalence of cigarette smoking in 1999 across all states had a median of 22.7 percent. Nebraska was slightly higher at 23.3 percent (“State-Specific,” 2000).

Effects of smoking.

The MMWR stated that tobacco use in the U.S. is the cause of approximately 440,000 deaths annually and is the leading preventable cause of death (“Annual smoking-attributable,” 2002). Smoking is responsible for one in five deaths in the United States. Smoking has been shown to cause deaths due to cardiovascular diseases such as hypertension, heart disease, stroke, cancers such lung cancer, or lung cancer as a result of environmental tobacco smoke, respiratory diseases such as pneumonia, bronchitis, emphysema, and chronic airway obstruction, and other deaths including diseases among infants and burn deaths (American Cancer Society, 2003). The American Cancer Society reported that between 1960 and 1990, the incidence of lung cancer deaths among women have increased by more than 400 percent.

According to the CDC, men who smoke may increase their risk of lung cancer death by more than 22 times, and death due to bronchitis and emphysema by nearly 10 times. Women who smoke cigarettes may increase their risk of lung cancer death by almost 12 times, and the risk of dying from bronchitis and emphysema increase by more than 10 times (“Smoking-attributable,” 1993). Smoking triples the risk of dying from heart disease among both middle-aged men and women.

The illnesses and premature deaths caused by tobacco also result in a substantial economic cost to society. According to a study by the CDC, the estimated cost of medical care and lost productivity is estimated at \$7.18 per pack of cigarettes. This adds up to approximately \$157 billion each year. The results of the study showed that \$3.45 per pack was spent on medical care costs related to smoking, and \$3.73 each in lost productivity due to premature death from smoking, totaling \$7.18 per pack. Overall, the cost equaled about \$3,391 per smoker per year. Economic costs between 1995-1999 were \$81.9 billion in productivity losses from deaths and \$75.5 billion in excess medical expenditures in 1998 ("Annual smoking-attributable," 2002).

ETS--environmental tobacco smoke.

Cigarette smoking not only has negative impacts on the primary smoker, but it also has detrimental effects to those exposed of environmental tobacco smoke (ETS) (Sofian, McAfee, Doctor, & Carson, 1994). ETS is defined as a mixture of the smoke given off by the burning ends of a cigarette and the smoke emitted at the mouthpiece and exhaled from the lungs of smokers (U.S. Environmental Protection Agency, 2002). Medical science has shown that nonsmokers suffer many of the diseases of primary smoking when breathing ETS. Research has also shown that there are over 250 toxic chemicals in ETS.

Approximately 3000 nonsmoking adults die of lung cancer every year as a result of ETS. Coughing, phlegm, chest discomfort, and reduced lung function among nonsmokers also result from ETS. In addition, environmental tobacco smoke has been

shown to increase the risk of death from heart disease (US Environmental Protection Agency, 1992).

A study conducted by the Department of Health and Human Services' Centers for Disease Control and Prevention showed that approximately nine out of 10 nonsmoking Americans are exposed to ETS (Pirkle, Flegal, Bernert, Brody, Etzel, & Maurer, 1996). The data show measurable levels of cotinine in the blood of 88 percent of all nontobacco users. Cotinine is a metabolite of nicotine. Nicotine exposure can be measured by analyzing cotinine levels in blood, urine, or saliva. Nicotine is highly specific to tobacco smoke, so serum cotinine levels will track exposure to tobacco smoke and its toxic elements ("Exposure to," 2002).

In 1986, the U.S. Surgeon General determined that ETS is a cause of disease, and reported that simply separating smokers and nonsmokers within the same airspace may reduce the exposure of nonsmokers to ETS. In 1991, the National Institute of Occupational Safety and Health recommended that companies should take all possible preventive measures to minimize occupational exposure to ETS (U.S. Department of Health and Human Services, n.d).

The Healthy People 2010 Objective 27-10 is to reduce the number of nonsmokers exposed to ETS to 45 percent. At baseline, 65 percent of nonsmokers over the age of four years had a serum cotinine level above .10 ng/mL in 1988-1994.

Involuntary exposure to ETS is a common and serious public health hazard that is entirely preventable. By adopting and enforcing appropriate regulatory policies and providing smoke-free environments, exposure to ETS can be drastically reduced.

California is the only state that meets the nation's Healthy People 2010 objective to eliminate ETS exposure by either banning indoor smoking or limiting it to separately ventilated areas. A statement given by Governor Gray Davis announced that after 14 years of tobacco education and prevention campaigns, per capita cigarette smoking has fallen by more than 60 percent (Office of the Governor, 2003). Efforts to ensure clean indoor air through smoking restrictions in workplaces and other areas can dramatically decrease the serum cotinine levels among nonsmokers ("Exposure to," 2002).

Smoking Policy Categories

The overwhelming research on the health effects of ETS as well as the costs imposed on employers have led workplaces to gradually establish policies that limit the amount of cigarette smoke exposed to employees. The specific policy implemented is at the discretion of the employer. The U.S. Department of Health and Human Services along with the Centers for Disease Control list two options for workplace smoking policies: 1) smoke free environment, 2) smoking allowed in designated areas (U.S. Department of Health and Human Services, n.d.). Many offices are now smoke-free zones to protect employees from the deadly affects of secondhand smoke. Employers also have a legal right to completely ban smoking from the workplace.

Healthy People 2010 objective 27-12 is for 100 percent of worksites to adopt formal smoking policies prohibiting smoking or limiting smoking to separately ventilated areas. At baseline, 79 percent of worksites with 50 or more employees had formal smoking policies prohibiting or limiting smoking to separately ventilated areas.

Restrictive smoking policies in worksites are very common. According to the 1999 National Worksite Health Promotion Survey, approximately 80 percent of worksites have a smoking or tobacco policy. The data showed that 88 percent of largest companies (750 or more employees) have policies that prohibit or severely restrict smoking at the worksite. Approximately 76 percent of the smaller worksites (50-99 employees) were found to have restrictive smoking policies (Mercer, 1999).

Eickhoff-Shemek and Ryan (1995) conducted a study that compared results of a 1992 national survey to Omaha, Nebraska in terms of percentages of worksites offering health promotion programs. The survey found that Omaha was higher than the national average with 84 percent of large (500-749 employees) companies having a formal smoking policy and 100 percent of extra-large (750 or more employees) companies.

The MMWR published an in-depth study of smoking policies in 17 states and in Washington DC. The research investigated the protection provided by official workplace nonsmoking policies. Respondents were asked which of three options best described smoking policies at their workplace: (a) not allowed in any work (or public/common) areas, (b) allowed in some work (or public/common areas), or (c) allowed in all work (or public/common) areas. The results, based on respondents who reported working indoors, showed that 74.4 percent of respondents reported working in a smoke-free workplace (“State-specific,” 2000).

A study done by Gerlach, Shopland, Hartman, Gibson, and Pechacek (1997) sponsored by the National Cancer Institute provided a national estimate based on data collected from indoor workers covered by workplace smoking policies. The study found

that only 46 percent of all indoor workers have a smoke-free policy in their workplace. There was a large difference among occupational groups with respect to smoke-free policies. Approximately 80 percent of health care employees have smoke-free policies at the workplace, where only 21 percent of food service employees had a smoke-free policy. White-collar workers (53.7 percent) were more likely than service workers (34.8 percent) and blue-collar workers (27.4 percent) to be covered by a smoke-free policy.

A study conducted by Emmons et al. (2000), examined the relationship between organizational characteristics and the adoption of workplace smoking policies. The purpose of this study was to further the understanding of what organizational characteristics influence the smoking policy adoption and diffusion process. The sample contained 114 worksites who had participated in the Working Well Trial, a national study of worksite health promotion. The authors concluded that the predictors associated with stricter smoking policies included smaller company size, a larger percentage of white-collar workers, a larger number of complaints about ETS, less complexity, more formalization, and having a CEO who valued health and the well-being of the company's employees (U.S. Environmental Protection Agency, 2002).

Smoking policies are implemented in the workplace for different reasons. Companies have a common-law responsibility to provide a safe and healthy workplace so employees are not at risk (U.S. Department of Health and Human Services, n.d.). Smoking also poses a significant cost to companies in terms of medical care costs, as well as lost productivity and absenteeism. To further minimize costs, some worksites are

moving toward an even more extreme option: adopting a policy of hiring nonsmokers only.

Policy of Hiring Nonsmokers Only

Workplaces have gradually begun to establish policies that limit the number of employees exposed to cigarette smoke. Most office buildings are now smoke-free zones to protect employees from the deadly affects of secondhand smoke (American Lung Association, 2002). Due to rapidly rising health care costs, companies are now taking it one step further. In a nation where medical care costs are rising every year, companies may consider taking aggressive measures just to break even. A very aggressive measure is for an organization to ban the hiring of smokers. Cardinal Industries is an example of an organization that refuses to hire smokers. The organization promises to do urine tests on every new applicant (“Workplace Rights,” 2002).

The decision to hire nonsmokers only is a decision that should not be taken lightly by employers. By instating the policy of hiring nonsmokers only, the employer is collecting information about, and making a decision based on the applicant’s conduct away from working hours, and away from company property, regardless of his abilities as an employee.

Laws concerning company policies of not hiring smokers.

The concept of Equal Employment Opportunity (EEO) states that all employees must be treated equally by their employer. Those employees who are covered under EEO laws are protected from discrimination. It is illegal to discriminate against certain protected class individuals due to such characteristics as race, gender, age, or those with

disabilities (Mathis & Jackson, 2002). Smokers are *not* considered a protected class under EEO regulations. However, companies that consider the idea of hiring nonsmokers only still have to consider the legal implications of such a decision. For example, on average, smokers tend to be less educated, older, and members of minority groups. A hiring policy that does not include smokers may have a disproportionate impact on certain protected class groups (“Disability,” 1999).

There are 28 states and the District of Colombia that have enacted statutes specifically to protect the employees’ legal non-work conduct. In these states, employers may not control the private conduct of employees or prospective employees. Twenty of these states specifically prohibit discrimination against employees or applicants who use tobacco outside of work. The eight others do not specifically address smoking, but protect the right of employees to engage in lawful conduct off premises during nonworking hours (Simon & Noonan, 1994/95). Thus, employers in the remaining 22 states can choose to hire nonsmokers only, provided the applicants are adequately informed when accepting the job.

Nebraska has no such law prohibiting employers from adopting a policy of hiring nonsmokers only. Nebraska defines equal employment opportunity as having the right of all people to work on the basis of merit and ability with no regard to race, color, religion, national origin, age, sex, marital status, or physical or mental disability (Neb.Rev.Stat. §81-1356). Nebraska employers have the right to adopt hiring policies as they wish, as long as the policies fall within the grounds of equal employment opportunity as defined above.

A nonsmoker-only policy has been successfully implemented for employees such as firefighters, where it is necessary to be in good physical condition to be successful at the job. The city of St. Cloud, Florida requires job applicants to sign affidavits that they do not smoke. St. Cloud also requires new hires to have medical tests administered to prove they do not secretly smoke after business hours (Hunt, 2002). The city of Temple Terrace, Florida has also adopted a policy of not hiring smokers due to a sharp increase in health care costs (Dunn, 2001). Washington State agencies have also looked into refusing to hire people who smoke (Kelley, 1999).

In addition to potential claims of violating EEO laws, employees may also file charges of disability discrimination against employers who adopt a policy of hiring nonsmokers only. For example, in Lipson v. Fortunoff Fine Jewelry & Silverware, Inc., the plaintiff claimed that his addiction to tobacco should be viewed as a disability, and filed a charge of disability discrimination when the defendant did not hire him due to a policy of hiring only nonsmokers (“Disability,” 1999). Though this case is pending, courts have found that smoking is not considered a physical disability under the Americans with Disabilities Act (Kirshman, n.d.).

If a policy of hiring only nonsmokers only is considered by a company, it will be necessary to have procedures in place on how to handle current employees that smoke. The decision to “grandfather” current smoking employees seems to be the most logical and reasonable choice. A nonsmokers-only policy would permit the current smokers to continue with the habit because they were already employees at the time the new policy was put in place. All future applicants would not be hired if they were current smokers.

The “grandfather” approach does solve the issue of respecting the rights of current employees to continue to smoke. However, there is always the chance an applicant may file a discrimination suit if he is unsuccessful in being offered the job due to his smoking status (Castagnera, 2000)

The Rationale for Hiring Nonsmokers Only

Health insurance costs are rising at an alarming rate. The results of the Society for Human Resource Management’s 2003 Benefits Survey (“2003 Benefits,” 2003) found that of those respondents who indicated an increase in health care costs, employer costs increased an average of 18 percent for the 2003 plan year.

A survey conducted in 1991 asked business executives if they felt that smoking increased costs. Among those that responded, 69 percent felt that smoking did increase medical and insurance costs. Also, 44 percent felt that smoking increased maintenance costs (such as excess cleaning and repairs), and 37 percent stated that smoking increased absenteeism costs (SHRM-BNA, 1991). Smoking affects financial outcomes for employers in many ways. Health-related costs to employers include medical/ health care costs, absenteeism, productivity, and workers’ comp. Other costs employers may incur include accidents and fires, property damage, and smoke pollution.

Costs to employers.

A recent review investigating the financial impact of smoking on health-related costs was conducted by Max (2001). In this review, several key studies were discussed that estimated the cost of smoking to employers. The costs are summarized in Table 1. All studies used an annual cost approach.

Weis (1981) was one of the first to attempt to convince firms they could see substantial savings by not hiring smokers. Weis concluded that the excess cost per smoker per year for health insurance was \$230. He calculated that including accident insurance, lost work days, passive smoking costs, and occupational health costs, smoking employees cost employers \$4,611 per smoker per year.

The first researcher to develop a conceptual framework for the economic impact of smoking on employers was Kristein (1983). Kristein outlined the many cost components that could be affected by workplace smoking. He estimated the smoking-related costs of insurance, work loss, passive smoking, reduced productivity, and occupational health. He estimated that employers will pay \$75 to \$100 more per smoker per year in health insurance costs than they will a nonsmoker. He also estimated the additional costs for smokers as compared to nonsmokers for fire insurance (\$5), accident insurance (\$17-\$34), and life insurance (\$20-\$33). He calculated the financial impact of passive smoking was \$27-\$56 in excess costs per year per exposed nonsmoker. Kristein estimated that the average excess work loss for smokers is two days per year. At an estimated cost of \$40 per day, this calculates to an additional cost of \$80 per smoker per year in absenteeism. In addition, Kristein calculated cost for occupational health, consisting of increased workers' compensation costs due to disability awards for diseases confounded by smoking, and employee costs to satisfy OSHA requirements. These costs added up to \$72 per smoker per year for employers. The total economic impact of smoking on employers, according to Kristein, was an additional \$336 to \$601 per year.

Table 1

Estimate of the Cost of Smoking to Employers

Study	Year of Estimate	Cost per Smoker per Year						Total
		Health Insurance*	Fire Insurance*	Accident Insurance*	Life Insurance*	Lost Work Days**	Passive Smoking***	Occupational Health****
Weis 1981	1981	\$230		\$90		\$2,805	\$486	\$1,000
Kristein 1983	1980	\$75-100	\$5	\$17-34	\$20-33	\$80	\$27-56	\$72
OTA 1985	1985					\$43 billion (total)		
Penner and Penner 1990	1990	\$383						
Bertera 1991	1984-1988							\$960
Lesmes and Donofrio 1992	1985						\$8.6 billion (total)	
Robbins et al. 2000	1997	\$20 million (total)				\$87 million (total)		

*Insurance costs are excess costs for smokers compared to nonsmokers

**Lost work days includes days lost by smokers attributed to smoking. Several studies also estimated reduced productivity in the workplace, including time used for smoking breaks.

***Passive smoking costs are costs incurred by nonsmokers who are exposed in the workplace. May include lost productivity and increased health care expenditures.

****Occupational health is the compounding effect of smoking on workers exposed to other toxins in the workplace, such as asbestos, cyanide, and keytones.

Adapted from Max, 2001.

The Office of Technology Assessment (OTA) estimated that smokers cost businesses \$43 billion in lost work days (“Smoking related,” 1985). A study by Lesmes and Donofrio (1992) estimated that ETS would total \$8.6 billion in cost. Another study that analyzed paid claims data of over 20,000 employees showed that that compared to nonsmokers, smokers had more hospitalizations, longer hospital stays, higher outpatient payments, and higher insurance payments (Penner & Penner, 1990). This study concluded that smokers cost employers \$383 in excess costs per year for smokers compared to nonsmokers.

A study involving 45,976 employees of the DuPont company researched the impact of behavioral risk factors on health care costs and absenteeism (Bertera, 1991). Bertera concluded that annual excess illness costs (defined as workers’ compensation, health care, and non-health care benefits) for smoking were \$960. He also concluded that employees that smoked averaged 3.7 lost work days per year compared to 2.8 lost work days per year for nonsmokers.

A study conducted by Robbins, Chao, Coil, and Fonseca (1997) estimated smoking costs among active duty Air Force personnel. The authors estimated that costs were \$20 million for direct medical care per year. This represented 5.8 percent of total medical care costs for these personnel. An additional cost of \$87 million per year was incurred for lost time spent on breaks, and time away from duty due to medical care.

The review of literature conducted by Max (2001) concluded that six to 14 percent of personal health care expenditures can be attributed to smoking. Though the

studies in this review differed in their estimates, the consensus is that smokers cost their employers more than nonsmokers.

A study conducted by Kiiskinen, Vartiainen, Puska, and Pekurinen (2002) estimated the health care expenditure and productivity losses due to smoking among a sample of 5,247 men aged 25-59 years from the provinces of Kuopio and North Karelia in eastern Finland. Subjects were followed for 19 years. The study examined the difference in the number of life years and work years lost, the costs of drugs and hospitalization, and the value of productivity lost due to disability and premature mortality between smokers, former smokers and never-smokers. The results showed that smokers incurred excess costs in terms of both direct health care expenditure and indirect productivity losses in comparison to the never-smoking population. The study concluded that quitting smoking could save approximately 60 percent of the losses related to excess mortality and disability of smokers.

The MMWR published a study that examined the short-term medical and lost productivity costs of smoking among active duty U.S. Air Force (USAF) personnel ("Costs of smoking among," 2000). The results indicated that current smoking costs the USAF approximately \$107.2 million per year. Medical-care expenditures make up \$20 million of that total, and the other \$87 million was due to lost workdays.

Halpern, Shiklar, Renz, and Khan (2001) conducted a study to evaluate the impact of employee smoking status on productivity and absenteeism. The subjects were approximately 100 former smokers, 100 current smokers, and 100 never smokers at a reservation office of a large US airline. The results of the study indicated that current

smokers had significantly greater absenteeism than did never smokers. Among former smokers, absenteeism showed a significant decline in years following cessation and showed an increase in seven of 10 objective productivity measures as compared to current smokers.

In general, smoking causes a large financial burden on employers. The costs employers incur by having employees that smoke is sound rationale for adopting a policy of hiring nonsmokers only.

Variables Associated with Adopting a Policy of Hiring Nonsmokers Only

Though organizations in some states legally can adopt a policy to hire nonsmokers only, no research has been done to determine how many organizations have adopted such a policy. This study will determine how many nonprofit organizations in Omaha have adopted a policy to hire nonsmokers only as well as investigate the likelihood of adopting such a policy in the future. It can be speculated that the likelihood of adopting a policy of hiring nonsmokers only may be associated with certain variables. For example, organizations that have a strict smoking policy (e.g., not allowed in any work or public/common areas) may be more likely to adopt a policy of hiring nonsmokers only than those that have a less restrictive policy (e.g., allowed in some work or public/common areas, allowed in all work or public/common areas).

Other possible variables to be investigated in this study that may be associated with adopting a policy of hiring nonsmokers only may be:

1. The type of services provided by the organizations (e.g., those that provide health services may be more likely than those that provide other types of services).
2. The size of the organization (e.g., organizations with a large number of employees may be more likely than those with a small number of employees), and
3. The size of the annual budget of the organization (e.g., those organizations with large yearly budgets may be more likely than those with small annual budgets).

Larger organizations (those with a large number of employees and large yearly budgets) may be more aware of their health care costs associated with employees who smoke and thus more likely to take steps to contain these health care costs than small organizations. Some small organizations may not even provide health care benefits for their employees!

Another potential variable that also may influence whether or not organizations adopt a policy of hiring nonsmokers only, but will not be investigated in this study, is the culture of the organization. In a culture where there is an emphasis on having a healthy workforce, e.g., where there is a well-established comprehensive employee health promotion program that includes policies that have been implemented that are congruent with health promotion efforts, it may be more likely for these organizations to adopt a policy of hiring nonsmokers only.

Another factor that might influence the decision to adopt a policy of hiring nonsmokers only may be the nature of the organization. It may be more likely that for-profit organizations adopt policies of hiring nonsmokers only than nonprofit organizations. For-profit organizations may be more driven by the bottom line than nonprofit organizations and therefore more likely to take actions that could save health care costs. Because this study will only investigate nonprofit organizations, future research could perhaps focus on for-profit organizations.

Summary

As noted in the literature review, there is a sound rationale for employers' adopting a policy of hiring nonsmokers only. Although the number of adults that smoke may be on a decline, it still continues to be a significant cost to employers as well as to society.

It was acknowledged in this review of the research that overall, the cost associated with employees that smoke can be significant for an employer. The research shows that employees that smoke can cost an employer more than employees that do not smoke in terms of higher health care costs, higher levels of absenteeism, and lost productivity.

Though there are 22 states where a company can legally adopt a policy of hiring nonsmokers only, there are potential legal risks a company must understand before taking such action. However, as companies become more intolerant of smoking and the additional costs associated with employees that smoke, adopting a policy of hiring nonsmokers only may become more attractive.

Whether or not organizations are likely to adopt a policy of hiring nonsmokers only (even when legally possible) is a question that this study will address. Currently, no studies exist that have investigated variables that are perhaps associated with organizations that are likely to adopt such policies such as the primary services provided by the organization, the number of employees in the organization, the size of the yearly budget of the organization, and the organization's level of smoking policy.

Chapter 3

Methods

Introduction

This chapter contains six major sections: (a) Instrument for Obtaining Data, (b) Pilot Study and Validation of Instrument, (c) Selection of Population Sample, (d) Data Collection Procedures, (e) Data Analysis, and (f) Assumptions and Limitations of Study.

Instrument for Obtaining Data

The data collected in this study were obtained utilizing a survey instrument entitled, “Smoking Policy Survey” (see Appendix A). This survey was developed to obtain information related to current smoking policies at nonprofit organizations in the Omaha, Nebraska area.

The survey included two questions related to the company’s demographics (number of employees and size of yearly budget), a question related to the primary services provided by the organization, and a series of questions related to the organization’s current smoking policy. Specifically, survey participants were asked to rate the level of their organization’s smoking policy as follows: Level 1: Smoking not allowed in any work or common areas; Level 2: Smoking allowed in some work or common areas; Level 3: Smoking allowed in all work or common areas. Common areas are defined as hallways, restrooms, cafeterias, etc.

The next section of the survey was developed to obtain information on the organization’s hiring policies, such as whether or not they were aware that they could hire nonsmokers only in Nebraska and their likelihood of adopting a policy of hiring

nonsmokers only. The following Likert scale was developed to obtain the level of likelihood of adopting a policy of hiring nonsmokers only: (1) Very Likely, (2) Likely, (3) Equally Likely and Unlikely, (4) Not Likely, and (5) Definitely Not Likely. In addition, the survey included questions regarding whether or not their organization has ever discussed adopting a policy of hiring nonsmokers only, and whether or not the organization currently has a policy of hiring nonsmokers only.

The final section of the survey instrument was developed to obtain descriptive data on the smoking prevalence rates of the organizations. Finally, the survey participants were asked when the smoking policy was last discussed among the leaders of their organizations.

Pilot Study and Validation of Instrument

A pilot study was administered to an expert panel (N=7) of human resource professionals and professionals with expertise in smoking policies in Omaha, Nebraska. The goals of the pilot study were to (a) have the participants review and critique the cover letter and survey instrument, and (b) validate the survey instrument for face and content validity.

The following items were sent to the pilot study participants: (a) cover letter to pilot participants regarding instructions for the pilot study, (b) proposed cover letter for the actual study, (c) the survey instrument, and (d) an evaluation form to critique the survey instrument and cover letter (see Appendix B). All pilot study participants returned the completed items.

The results of the pilot study can be found in Appendix C. Pilot subjects provided several suggestions to enhance the cover letter and survey instrument. Minor, but important suggestions were made to the cover letter and survey instrument.

Selection of Population Sample

The population in this study was a convenient sample of nonprofit organizations in Omaha, Nebraska that were selected from the 2002 Omaha Area Non Profit Compensation Survey. To qualify for the compensation survey, the nonprofit organization must have at least three employees, be a non-government organization, and not be an all-volunteer organization. This list includes the name of the most qualified person in the organization to complete the survey, which is either the person in charge of human resources or the CEO of the organization.

The total number of organizations that were included in this study was 130. This number excludes organizations listed in the 2002 Omaha Area Non Profit Compensation Survey that were not considered to be in the immediate Omaha area or not in Nebraska: Lincoln, Nebraska, Des Moines, Iowa, North Platte, Nebraska, Norfolk, Nebraska, and Council Bluffs, Iowa.

Data Collection Procedures

The mail questionnaire survey method was used in this study. Appropriate follow-up procedures utilized in survey research were conducted, which included one follow-up mailing to non-respondents. Permission to conduct the study was obtained from the appropriate Institutional Review Board within the University of Nebraska system prior to implementing the study (see Appendix D).

The survey instrument, a cover letter, (see Appendix A) and a business reply envelope were sent to the 130 organizations as identified above on July 28, 2003. A second mailing was sent to all nonresponders (n=62) on August 26, 2003. Each survey included an individual identification code so participants could be tracked, and follow-up communication with non-respondents could be conducted. Identification codes were not used for any other purposes. The cover letter assured study participants of the confidentiality of the study.

The cover letter stated the following: (a) a description of the purpose of the study and study design, (b) directions for survey completion, (c) directions for returning completed surveys, (d) a confidentiality statement, and (e) a deadline for completing and returning the survey instrument. A business-reply envelope was provided for return of the survey. Respondents also had the option to fax the completed survey.

Data Analysis

The first part of the data analysis involved calculating descriptive statistics for all items of the survey. The second part of the data analysis tested the research hypotheses. A chi square analysis and Spearman rho analysis were used. An alpha level of 0.05 was used to test for statistical significance. All data were analyzed using SPSS, 11.0.

Assumptions and Limitations of Study

Assumptions of study.

The following methodological assumptions were made in this study.

1. The respondents will accurately answer each question on the survey instrument.

2. The survey instrument to be used in this study will provide valid data for the constructs it was intended to measure.
3. The sequence in which the items appear on the survey instrument will not influence the participants' responses.

Limitations of study.

The following limitations will be fixed in this study.

1. The use of a survey as an instrument for gathering data will involve the limitation of self-report data.
2. The participants are limited to those included on the list of the 2002 Omaha Area Non Profit Compensation Survey.

Chapter 4

Results

Introduction

Presented in this chapter are the descriptive statistics for all questions on the survey which are divided into three categories: (a) demographic, (b) smoking policy and smoking behavior, and (c) policy of hiring nonsmokers only. The results of a qualitative analysis are also included for one of the open-ended questions on the survey. In addition, this chapter includes the results for the statistical analyses used to test the research hypotheses established in the study.

The population for this study was 130 nonprofit organizations in the Omaha, Nebraska area. Of the 130 organizations, 97 (75 percent) of the surveys were returned and used for the data analysis.

Descriptive Statistics

Demographic.

Descriptive statistics are presented in Table 2. Of the 97 organizations, 43 percent indicated Human Services as their primary service. Thirty-six percent of the organizations had 11-50 employees and 28 percent had a yearly budget of \$0-\$500,000.

Smoking policy and smoking behavior.

Table 3 contains descriptive statistics for all data related to smoking policies and smoking behavior. The majority (84 percent) of respondents do have smoking policies in place, and of those, 39 percent have had the policy in place for over nine years. The results showed that an overwhelming majority (94 percent) have smoking policies that do

Table 2

Descriptive Statistics for Demographics

Demographic	Valid n	Frequency	Percent
Primary Services	97		
Arts, Environment, & Social Benefit		14	14
Health		22	23
Human Services		42	43
Youth Development, Care, & Adoption		19	20
Number of Employees	97		
<10		33	34
11-50		35	36
51-100		12	13
101-150		5	5
151-200		1	1
>200		11	11
Size of Yearly Budget	94		
\$0-500,000		26	28
\$500,001-\$1,000,000		14	15
\$1,000,001-\$1,500,000		11	12
\$1,500,001-\$2,000,000		6	6
\$2,000,001-\$2,500,000		6	6
\$2,500,001-\$3,000,000		6	6
\$3,000,001-\$3,500,000		2	2
\$3,500,001-\$4,000,000		4	4
\$4,000,001-\$4,500,000		1	1
\$4,500,001-\$5,000,000		3	3
\$5,000,001-\$5,500,000		2	2
\$5,500,001-\$6,000,000		0	0
>\$6,000,000		13	14

Table 3

Descriptive Statistics for Smoking Policy and Smoking Behavior

Question	Valid n	Frequency	Percent
Does your organization currently have a smoking policy?	97		
Yes		81	84
No		16	16
If "yes", how long has your current policy been in effect?	80		
<1 Year		2	3
1-3 Years		10	12
4-6 Years		22	27
7-9 Years		15	19
>9 Years		31	39
Which statement best describes your company's smoking policy?	95		
Smoking not allowed in any indoor work or common areas		89	94
Smoking allowed in some indoor work or common areas		4	4
Smoking allowed in all indoor work or common areas		2	2
When was the smoking policy last discussed among your senior management/leaders of your organization?	95		
Within the last six months		12	13
Within the last year		16	17
Within the last two years		8	8
Longer than two years ago		19	20
Never been discussed		20	21
Don't know		20	21
Do you know the number of employees in your organization that smoke?	97		
Yes		61	63
No		36	37
If "yes" what percent of employees smoke?	60		
<5 percent		30	50
6-10 percent		12	20
11-15 percent		2	3
16-20 percent		4	7
21-25 percent		4	7
>25 percent		8	13

not allow smoking in any work or common areas. A small number reported allowing smoking in some work or common areas (4 percent), and even less reported allowing smoking in all work or common areas (2 percent). When asked when their smoking policy was last discussed among the senior management/leaders of their organizations, results ranged from approximately eight percent reporting it has been discussed within the last two years, to 21 percent reporting it has never been discussed.

Also, the majority (63 percent) of respondents did know the current smoking prevalence rate within their organization. Within this group, half of them reported less than five percent of their workplace being smokers, where 13 percent reported a greater-than 25 percent smoking rate among employees.

Policy of hiring nonsmokers only.

Table 4 contains descriptive statistics for all questions related to adopting a policy of hiring nonsmokers only. Eighty percent of respondents were not aware that in Nebraska, an organization can adopt a policy of hiring nonsmokers only. When asked their likelihood of adopting a policy of hiring nonsmokers only, a large majority (73 percent) reported it “not likely” or “definitely not likely” that their organization would adopt such a policy. Another large majority (91 percent) reported that their organization had never discussed adopting a policy of hiring nonsmokers only, and 96 percent do not currently have such a policy. Of the four percent that do have such a policy, they described the reasons for adopting the policy as, (a) we can not support the organization’s mission without the policy, (b) working with individuals with disabilities is a fragile

Table 4

Descriptive Statistics for Policy of Hiring Nonsmokers Only

Question	Valid n	Frequency	Percent
Were you aware that your organization could adopt a policy of hiring nonsmokers only?	95		
Yes		19	20
No		76	80
What is the likelihood that your organization would adopt a policy of hiring nonsmokers only?	96		
Very Likely		8	8
Likely		4	4
Equally Likely and Unlikely		14	15
Not Likely		47	49
Definitely Not Likely		23	24
Has your organization every discussed adopting a policy of hiring nonsmokers only?	96		
Yes		9	9
No		87	91
Does your organization currently have a policy of hiring nonsmokers only?	97		
Yes		4	4
No		93	96

health group and smokers could make their physical condition worse, (c) as a Christian-based organization, none of the board members smoke and the policy is assumed, and (d) we are a drug prevention group, tobacco is a drug, and our role modeling is important to us.

Qualitative Analysis

Of the 97 respondents, 96 included a comment for Question #9 which asked respondents to briefly describe why they selected their response to Question #8 which asked, "In your opinion, what is the likelihood that your organization would adopt a policy of hiring nonsmokers only?" Of the 96, 12 responded "very likely," or "likely," 12 responded "Equally Likely and Unlikely," and 63 responded "Not Likely," or "Definitely Not Likely." The comments of respondents to Question #9 are summarized in Table 5.

Statistical Analyses

Statistical analyses were run for each of the four research hypotheses. An alpha level of 0.05 was used to test for statistical significance. All data were analyzed using Windows SPSS 11.0.

Research hypothesis 1.

The first hypothesis states that there will be a significant relationship between the type of service provided and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska. The hypothesis was tested using a cross tabulation with a chi square analysis. The cross-tabulation showed that the numbers were fairly evenly distributed across each response category indicating

Table 5

*Responses to Question #9**

Response	Valid n	Frequency**
Respondents answering "Not Likely," or "Definitely Not Likely"	63	
This policy is discriminatory/shows intolerance		22
Factors related to qualification of employees (limits pool of qualified applicants/finding quality employees is more important)		22
Already have a nonsmoking policy in place		15
Privacy/enforcement Issues		11
Smoking not an issue for organization		6
Respondents answering "Equally Likely and Unlikely"	12	
This policy is discriminatory/shows intolerance		3
Privacy/enforcement Issues		2
Smoking not an issue for organization		2
It is a corporate level decision		2
Limits pool of qualified applicants		1
Qualifications/finding quality employees is more important		1
Already have a nonsmoking policy in place		1
Majority of workforce smokes		1
It is a health issue		1
Respondents answering "Likely," or "Very Likely"	12	
Supports mission/nature of organization		2
Smoke-free environment required for type of work		2
Productivity reasons		2
Must be smoke-free for health reasons		2
Unwritten but understood policy		1
Health concerns and religious confliction		1
Have discussed on several occasions		1
Goal as executive director		1

*Question #9 (Please briefly describe why you selected your response to the above question) was a follow-up to Question #8 (In your opinion, what is the likelihood that your organization would adopt a policy of hiring nonsmokers only?).

**May total more than the number of respondents due to more than one comment made by some respondents

that each service was equally likely and unlikely to adopt a policy of hiring nonsmokers only. See Table 6 and Table 7. The chi square analysis showed no significant difference between what we observed in terms of tally counts, and what would be expected by chance: $\chi^2 (12, N=96) = 12.29, p=.042$.

Research hypothesis 2.

The second hypothesis states that there will be a negative significant relationship between the number of employees in the organization and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska. The hypothesis was testing using a Spearman rho analysis, which is usually used with categorical, mostly ranked, systematic data. The results showed no significant relationship between the number of employees and the likelihood of adopting a policy of hiring nonsmokers only. See Table 8.

Research hypothesis 3.

The third hypothesis states that there will be a significant negative relationship between the size of the yearly budget of the organization and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska. The hypothesis was testing using a Spearman rho analysis. The results showed no significant relationship between the size of the yearly budget and the likelihood of adopting a policy of hiring nonsmokers only. The results are reported in Table 8.

Table 6

Cross-Tabulation with Question #8 and Question #1***

Question #8	Question #1, frequency (percentage)				
	1 Arts, Environment, & Social Benefit	2 Health	3 Human Services	4 Youth Development Care, & Adoption	Total
1 Very Likely	0 (0)	2 (25)	5 (63)	1 (12)	8 (100)
2 Likely	0 (0)	1 (25)	2 (50)	1 (25)	4 (100)
3 Equally Likely and Unlikely	1 (7)	4 (29)	3 (21)	6 (43)	14 (100)
4 Not Likely	7 (15)	9 (19)	23 (49)	8 (17)	47 (100)
5 Definitely Not Likely	6 (26)	5 (22)	9 (39)	3 (13)	23 (100)
Total	14 (15)	21 (22)	42 (44)	19 (20)	96 (100)

*In your opinion, what is the likelihood that your organization would adopt a policy of hiring nonsmokers only?

**What primary services does your organization provide?

Table 7

Cross-Tabulation with Question #1 and Question #8***

Question #1	Question #8, frequency (percentage)					
	1 Very Likely	2 Likely	3 Equally Likely and Unlikely	4 Not Likely	5 Definitely Not Likely	Total
1 Arts, Environment, & Social Benefit	0 (0)	0 (0)	1 (7)	7 (50)	6 (43)	14 (100)
2 Health	2 (9)	1 (5)	4 (19)	9 (43)	5 (24)	21 (100)
3 Human Service	5 (12)	2 (5)	3 (7)	23 (55)	9 (21)	42 (100)
4 Youth Development, Care, & Adoption	1 (5)	1 (5)	6 (32)	8 (42)	3 (16)	19 (100)
Total	8 (8)	4 (4)	14 (15)	47 (49)	23 (24)	96 (100)

*What primary services does your organization provide?

**In your opinion, what is the likelihood that your organization would adopt a policy of hiring nonsmokers only?

Table 8

Relationship Between the Degree of Likelihood of Adopting a Policy of Hiring Nonsmokers Only and the Organization's Number of Employees, Size of Budget, and Level of Smoking Policy

Variables	n	r _s	p
1 Degree of likelihood and number of employees	96	0.122	0.119
2 Degree of likelihood and size of yearly budget	93	0.059	0.288
3 Degree of likelihood and level of smoking policy	94	0.054	0.301

Research hypothesis 4.

The final hypothesis stated that there will be a positive significant relationship between the level of smoking policy and the degree of likelihood of adopting a policy of hiring nonsmokers only in nonprofit organizations in Omaha, Nebraska. Once again, the hypothesis was tested using a Spearman rho analysis. Again, the results showed no significant relationship between the level of smoking policy and the likelihood of adopting a policy of hiring nonsmokers only. See Table 8.

Summary of Results

The data in the tables illustrated the descriptive statistics for each question from the survey and the results of the statistical analyses. Of the 97 respondents to the survey, 73 percent indicated that they were “not likely” or “definitely not likely” to adopt a policy of hiring nonsmokers only and only four percent had such a policy. The results from the statistical analysis showed no significant relationship between the (a) type of services provided, (b) number of employees, (c) size of the yearly budget, and (d) level of smoking policy, and the likelihood of adopting a policy of hiring nonsmokers only.

Chapter 5

Discussion

Introduction

This chapter will include the (a) discussion of findings, (b) conclusions, and (c) recommendations for further research.

Discussion of Findings

The purpose of this study was to explore the possible relationship between the degree of likelihood of adopting a policy of hiring nonsmokers only among nonprofit organizations in Omaha, Nebraska, and four variables associated with the organizations. These four variables were the (a) type of services provided by the organization, (b) number of employees in the organization, (c) size of the yearly budget of the organization, and (d) organization's level of smoking policy.

A limitation of this study was that the participants included only those organizations on the list of the 2002 Omaha Area Non Profit Compensation Survey. Another limitation was that the use of a survey as an instrument for gathering data involves self-reported data. Though a pilot study was conducted to address face and content validity, this newly-developed survey instrument may still lack a high degree of face and content validity. Response bias is also a factor that can affect the validity of the results in survey research. However, due to the high response rate in this study (75 percent), there is a high level of confidence that the findings do not represent a response bias. It was assumed in this study that the nonresponders would have had similar responses as those who did respond.

None of the statistical analyses resulted in a significant relationship between the variables. From the types of services provided by the nonprofit organizations in this study, (a) Arts, Environment, & Social Benefit, (b) Health, (c) Human Services, and (d) Youth Development, Care, and Adoption, it was speculated that there would be an association between nonprofit organizations that primarily provide “health” services and the degree of likelihood of adopting a policy of hiring nonsmokers only, more so than the other types of services provided. However, this was not the case because the scores were evenly distributed across the response categories showing that each service was equally likely and unlikely to adopt a policy of hiring nonsmokers only.

It was hypothesized that there would be a significant negative relationship between the degree of likelihood of adopting a policy of hiring nonsmokers only and the size of the organization, i.e., the scores for the degree of likelihood question would be at the low end of the scale (very likely, likely) and would match up with scores on the high end of the scale for size of organization (large number of employees, large yearly budget). However, this relationship did not occur because of the distribution of the scores. Interestingly, the distribution of scores for one variable (number of employees) indicates perhaps that an opposite relationship may be more likely. Organizations with a small number of employees may be more likely to adopt a policy of hiring nonsmokers only than those with a large number of employees. Though the correlation between the number of employees and the degree of likelihood ($r_s=0.122$) was not significant ($p=0.119$), it demonstrates a trend toward a positive relationship between these two

variables, i.e., small organizations (those with less than 50 employees) and the degree of likelihood of adopting a policy of hiring nonsmokers only (very likely, likely).

Regarding the Spearman rho correlation related to the level of smoking policy and the degree of likelihood, the distribution of scores weighed heavily on two opposite ends of the scales used, thus making it difficult to show a positive significant relationship. The distribution of scores for the degree of likelihood was grouped primarily into the high-end scores, “not likely” and “definitely not likely”. The distribution of scores for the level of smoking policy was grouped primarily into the low-end scores, “smoking not allowed in any work or common areas.”

It was considered to conduct a discriminatory analysis that would combine certain variables to then correlate the combined variables with the degree of likelihood of adopting a policy of hiring nonsmokers only. However, it was speculated that no significant relationship would result with this additional analysis due to the lack of even a trend toward a significant relationship among any of the four correlations.

Though there were no significant relationships found, the results did provide interesting observations regarding policies related to smoking. Most organizations (94 percent) had a smoking policy where smoking was not allowed in any indoor work or common areas. However, only four percent had implemented a more aggressive policy of hiring nonsmokers only. These results can be explained by the fact that only nine percent had ever discussed such a policy and most (80 percent) were not aware that that their organization, based on Nebraska law, could adopt a policy of hiring nonsmokers only.

To increase awareness that it is legally possible to adopt such a policy in Nebraska, it may be necessary to provide education to human resource professionals and CEOs who are responsible for establishing such policies. The need for education in this area also became evident from respondents when asked why they indicated their organization was "not likely" or "definitely not likely" to adopt such a policy. Many respondents indicated that a policy like this would be discriminatory. However, under EEO regulations, smokers are not considered a protected class ("Disability," 1999). Also, the Americans with Disabilities Act does not consider smoking to be a physical disability (Kirshman, n.d.). Though many respondents indicated a policy of hiring nonsmokers only would be discriminatory, it is unclear if they meant from a legal perspective or from a personal perspective.

Another area of education that is perhaps needed is in the economic benefits of adopting a policy of hiring nonsmokers only. Several respondents indicated that it would be "not likely" or "definitely not likely" to adopt such a policy because they already had a nonsmoking policy in place. Perhaps this indicates that the respondents were unable to distinguish the difference between having a nonsmoking policy and a policy of hiring nonsmokers only. However, another explanation may be that the respondents may not understand that while having a nonsmoking policy eliminates the burden of smoking at the workplace, it does not eliminate the costs associated with having employees that smoke. The review of literature conducted by Max (2001) concluded that six to 14 percent of personal health care expenditures can be attributed to smoking. The results of a study conducted by Halpern, Shikiar, Renz, and Khan (2001)

indicated that current smokers had significantly greater absenteeism than did never smokers.

The lack of awareness of the law or lack of education on the many economic benefits of hiring nonsmokers only may explain, in part, the reason why the nonprofit organizations indicated that their organization was “not likely” or “definitely not likely” to adopt such a policy. Many indicated that it would interfere with finding quality employees and that it would limit the pool of qualified applicants. Therefore, perhaps the importance of finding qualified employees outweighed any potential benefits of hiring nonsmokers only.

Respondents may have also chosen “not likely” or “definitely not likely” because perhaps only a small number of employees in their organization smoke. Of the 63 percent who knew the number of employees who smoke in their organization, 70 percent of these indicated that less than 10 percent of their employees were smokers. This is far below the national average among the general population (24 percent in 2002 according to Healthy People 2010). Therefore, the many costs associated with smoking, though relevant even for employers with a small percentage of employees who smoke, may not be relevant enough for the organizations in this study to implement a more aggressive smoking policy of hiring non-smokers only.

One of the reasons given by respondents considering it “not likely” and “definitely not likely” to adopt the policy was that such a policy interferes with employees' personal lives away from work. Another concern was enforcement issues. A policy of hiring

nonsmokers only may be very difficult to enforce, especially when employees are not at work.

Conclusions

On the basis of the findings of the study, the following conclusions were made:

1. No significant relationships were found between the four variables examined and the likelihood of adopting a policy of hiring nonsmokers only. The variables examined were not effective predictors of the likelihood of the nonprofit organizations adopting a policy of hiring nonsmokers only.
2. The majority of organizations in this study (96 percent) did not have a policy of hiring nonsmokers only, and when asked their likelihood of adopting such a policy, 73 percent indicated that it would be “not likely” or “definitely not likely” for their organization to adopt such a policy
3. Several reasons perhaps explain why most organizations in this study indicated that it was “not likely” or “definitely not likely” to adopt a policy of hiring nonsmokers only: (a) lack of awareness about the law and the economic benefits of adopting a policy of hiring nonsmokers only, (b) interference with finding quality employees and it limits the pool of qualified applicants, (c) the number of employees that smoke within the organizations represented in this study was low, thus not indicating a need for such a policy, and (d) potential issues that could arise such as interference with personal lives and enforcement issues of such a policy.

Recommendations for Future Research

An interesting finding was that only four percent of organizations had adopted a policy of hiring nonsmokers only. Future research could focus on only organizations that have adopted such a policy and characteristics they may have in common. This research could also address issues and problems that arise as a result of such a policy.

Though this study focused on the adoption of a policy to hire nonsmokers only, it may not be the best option (or the only option) that employers should consider when addressing the economic problems associated with employees who smoke. The results from this study suggest that there may not be a desire or perhaps interest for adopting such a policy for various reasons. Therefore, other strategies that will assist employees who smoke to quit (e.g., providing resources and organizational support for smoking cessation programs) may be better options for employers to focus on versus the adoption of a policy to hire nonsmokers only. Future research could address which option or combination of options may be the most effective to influence the costs associated with employees who smoke.

Future research could also examine other variables as possible predictors of the likelihood of adopting a policy of hiring nonsmokers only. A possible variable to be examined could be the culture of the organization. For example, organizations that put a large emphasis on the health of their employees (e.g., organizations that have implemented comprehensive health promotion programs and have adopted policies congruent with health promotion efforts) may be more likely to adopt a policy of hiring nonsmokers only than organizations that do not put a large emphasis on employee health.

Also, it may be more likely that for-profit organizations would adopt a policy of hiring nonsmokers only. For-profit organizations may be more driven by economics than nonprofit organizations, and therefore may be more likely to adopt a policy of hiring nonsmokers only.

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Appendix A

July 28, 2003

Dear :

You have been selected to participate in this study that will examine variables associated with the likelihood of nonprofit organizations adopting a policy of hiring nonsmokers only. The list of Omaha are nonprofit organizations selected for this study came from Dr. Robert Mathis, a professor in the UNOmaha Department of Marketing and Management. Dr. Mathis is serving on my thesis committee.

Enclosed is a survey that will take you five to ten minutes to complete. Your participation in this survey is very much appreciated. Please complete and return the survey in the enclosed business reply envelope, or fax it, Attn: Jillian Golden to 271-5858 by **August 15, 2003**.

This study has been approved by the Institutional Review Board at the University of Nebraska at Omaha (approval #257-03-EX). The code at the top of your survey is used to track respondents and non-respondents which is essential in survey research. However, your responses to this survey will be kept **completely confidential**. Only aggregate or group data will be reported for future publication or presentation.

If you have any questions, please feel free to contact me at the phone number/email address provided below, or contact my thesis advisor, Dr. JoAnn Eickhoff-Shemek at 554-2670. Thank you very much for your participation in this study.

Sincerely,

Jillian M. Golden, M.S. Candidate
679.0059
271.5858 (fax)
jmgolden@iwon.com

Enc.

SURVEY CODE: _____

SMOKING POLICY SURVEY*Instructions: Please answer the questions below about your organization's smoking policy.*

1. What "primary" services does your organization provide?

2. How many employees do you have in your organization?

<10	_____	51-100	_____	151-200	_____
11-50	_____	101-150	_____	>200	_____

3. What is your organization's yearly budget?

\$0 - \$500,000	_____	\$3,500,001 - \$4,000,000	_____
\$500,001 - \$1,000,000	_____	\$4,000,001 - \$4,500,000	_____
\$1,000,001 - \$1,500,000	_____	\$4,500,001 - \$5,000,000	_____
\$1,500,001 - \$2,000,000	_____	\$5,000,001 - \$5,500,000	_____
\$2,000,001 - \$2,500,000	_____	\$5,500,001 - \$6,000,000	_____
\$2,500,001 - \$3,000,000	_____	>\$6,000,000	_____
\$3,000,001 - \$3,500,000	_____		

4. Does your organization currently have a smoking policy?

YES _____ NO _____

If you answered "yes" to Question #3, please continue with Question #4. If you answered "no" Question #3, please proceed to Question #6.

5. How long has your current policy been in effect?

<1 year	_____	7-9 years	_____
1-3 years	_____	>9 years	_____
4-6 years	_____		

6. Which statement below best describes your company's smoking policy? Please choose the one option that best resembles your policy:

Level		Please Select One
1	Smoking not allowed in any indoor work or common areas	
2	Smoking allowed in some indoor work or common areas	
3	Smoking allowed in all indoor work or common areas	

(Common areas include hallways, cafeterias, restrooms, etc.)

7. Some states prohibit employers from adopting a policy of hiring nonsmokers only. However, Nebraska is not one of those states. Therefore, employers in Nebraska have the option of adopting a policy of hiring nonsmokers only. Were you aware that your organization can adopt a policy of hiring nonsmokers only?

YES _____ NO _____

8. In your opinion, what is the likelihood that your organization would adopt a policy of hiring nonsmokers only? (Please circle one)

1	2	3	4	5
Very Likely	Likely	Equally Likely and Unlikely	Not Likely	Definitely Not Likely

9. Please briefly describe why you selected your response to the above question.

10. Has your organization ever discussed adopting a policy of hiring nonsmokers only?

YES _____ NO _____

11. Does your organization currently have a policy of hiring nonsmokers only?

YES _____ NO _____

If yes, briefly describe the main reason why your organization adopted this policy.

12. Do you know the number of employees in your organization that smoke?

YES _____ NO _____

13. If yes to Question #11, what percent of employees smoke?

<5% _____ 11-15% _____ 21-25% _____
6-10% _____ 16-20% _____ >25% _____

14. When was the smoking policy last discussed among your senior management/leaders of your organization? (Please select one)

Within the last six months _____
Within the last year _____
Within the last two years _____
Longer than two years ago _____
Never been discussed _____
Don't know _____

15. Would you like a summary of the results from this study?

YES _____ NO _____

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!
PLEASE FAX THE SURVEY, ATTN: JILLIAN GOLDEN, TO 271-5858 OR RETURN IT IN THE PROVIDED BUSINESS REPLY ENVELOPE.

Appendix B

June 16th, 2003

Dear

Thank you very much for agreeing to review and critique the enclosed cover letter and survey instrument for my Master's thesis project. There are three items enclosed:

- 1) Cover Letter
- 2) Survey Instrument
- 3) Evaluation of Cover Letter and Survey Instrument

First, please read the *Cover Letter* and then complete the *Survey Instrument* as though you were one of the participants in the study. Answer the questions based on your organization. If possible, please track the time it takes you to complete the survey.

Second, please answer the questions on the *Evaluation of Survey Instrument* which will provide me with very helpful feedback. Please feel free to make any comments and suggestions anywhere on the documents.

Third, please fax the *Cover Letter*, *Survey Instrument*, and *Evaluation of Survey Instrument* Attn: Jillian Golden, to 271-5858. If possible, please return the documents by June 23rd.

Thank you very much for your assistance with this phase of my research.

Sincerely.

Jillian M. Golden, M.S. Candidate
402.679.0059
402.271.5858 (fax)
jmgolden@iwon.com

Enc.

July 14th, 2003

Dear :

You have been selected to participate in this study that will examine the smoking policy of various non-profit organizations in the Omaha area and the likelihood of the organizations adopting a policy of hiring nonsmokers only. I obtained the list of nonprofit organizations from Dr. Robert Mathis, a professor in the UNOmaha Department of Marketing and Management. Dr. Mathis is serving on my thesis committee.

Enclosed is a survey that will take you five to ten minutes to complete. Your participation in this survey is very much appreciated. Please complete and return the survey in business reply envelope provided, or fax it, Attn: Jillian Golden to 271-5858 by July 25thrd, 2003.

This study has been approved by the Institutional Review Board at the University of Nebraska at Omaha. The code at the top of your survey is used to track respondents and non-respondents which is essential in survey research. However, your responses to this survey will be kept **completely confidential**. Only aggregate or group data will be reported.

If you have any questions, please feel free to contact me at the phone number/email address provided below, or contact my thesis advisor, Dr. JoAnn Eickhoff-Shemek at 554-2670. Thank you very much for your participation in this study.

Sincerely,

Jillian M. Golden, M.S. Candidate
679.0059
271.5858 (fax)
jmgolden@iwon.com

Enc.

SURVEY CODE: _____

SMOKING POLICY SURVEY***Instructions:*** Please answer the questions below about your organization's smoking policy.

1. How many employees do you have in your organization?

<10 _____	51-100 _____	151-200 _____
11-51 _____	101-150 _____	>200 _____

2. What is your yearly budget?

\$0 - \$500,000 _____	\$3,500,001 - \$4,000,000 _____
\$500,001 - \$1,000,000 _____	\$4,000,001 - \$4,500,000 _____
\$1,000,001 - \$1,500,000 _____	\$4,500,001 - \$5,000,000 _____
\$1,500,001 - \$2,000,000 _____	\$5,000,001 - \$5,500,000 _____
\$2,000,001 - \$2,500,000 _____	\$5,500,001 - \$6,000,000 _____
\$2,500,001 - \$3,000,000 _____	>\$6,000,000 _____
\$3,000,001 - \$3,500,000 _____	

3. Does your organization currently have a smoking policy?

YES _____ NO _____

If you answered "yes" to Question #3, please continue with Question #4. If you answered "no" Question #3, please proceed to Question #6.

4. How long has your current policy been in effect?

<1 year _____	6-10 years _____
1-5 years _____	>10 years _____

5. Which statement below best describes your company's smoking policy? Please choose the one option that best resembles your policy:

Level		Please Select One
1	Smoking not allowed in any work or common areas	
2	Smoking allowed in some work or common areas	
3	Smoking allowed in all work or common areas	

6. Nebraska is an employment-at-will state meaning all employers in Nebraska can set their own rules regarding employment. Therefore, there are no Nebraska statutes prohibiting companies from enacting a policy of hiring based on a person's smoking status. Were you aware that your organization can adopt a policy of hiring non-smokers only?

YES _____ NO _____

7. In your opinion, what is the likelihood that your organization would adopt a policy of hiring non-smokers only? (Please circle one)

1	2	3	4	5
Very Likely	Likely	Equally Likely and Unlikely	Not Likely	Definitely Not Likely

8. Please briefly describe why you selected your response to the above question.

9. Does your organization currently have a policy of hiring non-smokers only?

YES _____ NO _____

10. Has your organization ever discussed adopting a policy of hiring non-smokers only?

YES _____ NO _____

11. Do you know the number of employees in your organization that smoke?

YES _____ NO _____

12. If yes to Question #11, what percent of employees smoke?

<10% _____ 31-40% _____
 11-20% _____ 41-50% _____
 21-30% _____ >50% _____

13. When was the smoking policy last discussed among your senior management/leaders of your organization? (Please select one)

Within the last six months _____
 Within the last year _____
 Within the last two years _____
 Longer than two years ago _____
 Never been discussed _____

THANK YOU VERY MUCH FOR COMPLETING THIS SURVEY!
PLEASE FAX THE SURVEY, ATTN: JILLIAN GOLDEN, TO 271-5858, OR, RETURN IT IN
THE PROVIDED BUSINESS REPLY ENVELOPE.

EVALUATION OF COVER LETTER AND SURVEY INSTRUMENT

Please answer each question below. You may also make comments on the cover letter and survey instrument.

1. Does the cover letter clearly state the purpose of this study?
☐ Yes
☐ No, please explain _____
2. Should any changes be made on the cover letter?
☐ Yes, please explain or comment on the letter _____
☐ No
3. Are the instructions on how to complete the survey clear and understandable?
☐ Yes
☐ No, please explain or comment on the survey _____
4. In Questions #1 and #2, are the number ranges given for the organization's demographics appropriate?
☐ Yes
☐ No, please explain or comment on the survey _____
6. In Question #4, are the number ranges given for years a smoking policy have been in effect appropriate?
☐ Yes
☐ No, please explain or comment on the survey _____
7. In Question #5, are the different levels of smoking policies clearly stated?
☐ Yes
☐ No, please explain or comment on the survey _____
8. Is the length of the instrument appropriate for a mail/fax survey?
☐ Yes
☐ No, please explain _____
9. Were there any questions for which you could not provide an answer because the question was not stated clearly?
☐ Yes, please explain or comment on the survey _____
☐ No
10. Is the sequence of questions appropriate?
☐ Yes
☐ No, please explain _____
11. Were you provided with clear directions on how to return the survey when finished?
☐ Yes
☐ No, please explain _____
12. Do you believe survey participants will be comfortable faxing their results in, or do you think the response rate would be higher if a self-addressed stamped envelope were provided as well?
☐ Fax is sufficient
☐ Provide both a fax number and self-addressed stamped envelope

13. Do you believe that if you were to be in this study your responses would be kept confidential?

_____ Yes

_____ No, please explain _____

14. Do you believe most participants in this study could complete this survey in 5-10 minutes?

_____ Yes

_____ No

15. Do you believe that the participants of this study will be willing to complete and return this survey?

_____ Yes

_____ No

16. Please make any additional suggestions for the cover letter, survey instrument, or research in general.

17. Would you like an executive summary of the survey results once they are completed?

_____ Yes

_____ No

Appendix C

EVALUATION OF COVER LETTER AND SURVEY INSTRUMENT

Please answer each question below. You may also make comments on the cover letter and survey instrument.

1. Does the cover letter clearly state the purpose of this study?

P01: Yes
 P02: Yes
 P03: Yes
 P04: Yes
 P05: Yes
 P06: Yes
 P07: Yes

2. Should any changes be made on the cover letter?

P01: Yes, (a) explain what the intent is of using the data, and (b) who will the aggregate data be shared with?
 P02: Yes, see changes for your consideration
 P03: No
 P04: No
 P05: Yes, see comments on letter
 P06: No
 P07: Yes, see comments on letter

3. Are the instructions on how to complete the survey clear and understandable?

P01: Yes
 P02: Yes
 P03: Yes
 P04: Yes
 P05: Yes
 P06: Yes
 P07: Yes

4. In Questions #1 and #2, are the number ranges given for the organization's demographics appropriate?

P01: Yes
 P02: Yes
 P03: Yes
 P04: No, although I don't know the size of the nonprofits you are targeting, the range seems narrow. If mostly smaller agencies, then yes, it's OK.
 P05: Yes, I don't know the typical size of nonprofits, but I would guess these are accurate
 P06: No, budget for what? Labor? Purchasing? Contract labor? Unclear
 P07: Yes

5. In Question #4, are the number ranges given for years a smoking policy have been in effect appropriate?

- P01: Yes
 P02: Yes
 P03: Yes
 P04: No, this could be less, <1, 1-3, 4-6, 7-9, 10 or more
 P05: Yes, add an option for individuals uncertain or instruct them what they should do if they don't know.
 P06: Yes
 P07: Yes

6. In Question #5, are the different levels of smoking policies clearly stated?

- P01: Yes
 P02: Yes
 P03: Yes
 P04: No, add "no smoking on premises (grounds included)
 P05: Yes
 P06: If you are considering "hiring nonsmokers", should you include a policy choice of nonsmoking at work and home?"
 P07: Yes

7. Is the length of the instrument appropriate for a mail/fax survey?

- P01: Yes
 P02: Yes
 P03: Yes
 P04: Yes
 P05: Yes
 P06: Yes
 P07: Yes

8. Were there any questions for which you could not provide an answer because the question was not stated clearly?

- P01: No
 P02: No
 P03: No
 P04: No
 P05: No
 P06: Yes, I thought 11/12 were unclear. Most all will say "No" to 11, but will be able to estimate in question 12.
 P07: No

9. Is the sequence of questions appropriate?

- P01: Yes
- P02: No, I think the order should be 10, 13, 9, 11, 12
- P03: Yes
- P04: Yes
- P05: Yes
- P06: Yes
- P07: Yes

10. Were you provided with clear directions on how to return the survey when finished?

- P01: Yes
- P02: Yes
- P03: Yes
- P04: Yes
- P05: Yes
- P06: Yes
- P07: Yes

11. Do you believe survey participants will be comfortable faxing their results in, or do you think the response rate would be higher if a self-addressed stamped envelope were provided as well?

- P01: Provide both a fax number and a self-addressed stamped envelope
- P02: Provide both a fax number and a self-addressed stamped envelope
- P03: Provide both a fax number and a self-addressed stamped envelope
- P04: Fax is sufficient
- P05: Provide both a fax number and a self-addressed stamped envelope
- P06: Fax is sufficient (topic is sufficiently non-controversial that fax should not be a problem)
- P07: Provide both a fax number and a self-addressed stamped envelope

12. Do you believe that if you were to be in this study your responses would be kept confidential?

- P01: Yes
- P02: Yes
- P03: Yes
- P04: Yes
- P05: Yes
- P06: Yes
- P07: Yes

13. Do you believe most participants in this study could complete this survey in 5-10 minutes?

- P01: Yes
- P02: Yes (<5 min)
- P03: Yes
- P04: Yes
- P05: Yes
- P06: Yes
- P07: Yes

14. Do you believe that the participants of this study will be willing to complete and return this survey?

- P01: Yes
- P02: Yes
- P03: Yes
- P04: Yes
- P05: Yes
- P06: Yes (but survey return is famously difficult to judge)
- P07: Yes

15. Please make any additional suggestions for the cover letter, survey instrument, or research in general.

- P01: Let the respondents know why they should provide you feedback (i.e. what's in it for them?). Will they receive a copy of the summarized findings?
- P02: Since the smoking rate among Nebraska adults is around 20%, I would change the ranges a bit in #12.
- P03: I think this is an excellent survey instrument because it is short and to the point
- P04: Looks good
- P05: On Question #6, I am concerned with how the first sentence is constructed. Employment-at-will doctrine means that employment is voluntary for both employees and employers (see attached article). The phrase that concerns me the most is "set their own rules regarding employment." You may want to have this question reviewed by an employment law expert/attorney.
- P06: An interesting topic of study. I'll be interested why you chose to focus on non-profits. Expectations higher/lower?
- P07: Looks good to go.

16. Would you like an executive summary of the survey results once they are completed?

- P01: Yes
- P02: Yes
- P03: Yes
- P04: Yes
- P05: Yes
- P06: No
- P07: Yes

Appendix D



NEBRASKA'S HEALTH SCIENCE CENTER
A Partner with Nebraska Health System

July 22, 2003

Institutional Review Board (IRB)
Office of Regulatory Affairs (ORA)

Jillian M. Golden
9808 Q Street #9
Omaha NE 68127

IRB#: 257-03-EX

TITLE OF PROTOCOL: Variables Associated with the Degree of Likelihood of Adopting a Policy of Hiring Nonsmokers Only Among Nonprofit Organizations in Omaha, NE

Dear Ms. Golden:

The IRB has reviewed your Exemption Form for the above-titled research project. According to the information provided, this project is exempt under 45 CFR 46.101b, category 2. You are therefore authorized to begin the research.

It is understood this project will be conducted in full accordance with all applicable sections of the IRB Guidelines. It is also understood that the IRB will be immediately notified of any proposed changes that may affect the exempt status of your research project.

Please be advised that the IRB has a maximum protocol approval period of three years from the original date of approval and release. If this study continues beyond the three year approval period, the project must be resubmitted in order to maintain an active approval status.

Sincerely,

Ernest Prentice, PhD /HDK

Ernest D. Prentice, Ph.D.
Co-Chair, IRB

EDP/gdk